TENNESSEE DEPARTMENT OF REVENUE
MONTHLY LICENSED DISTRIBUTOR REPORT
ON SALES BY NON-PARTICIPATING MANUFACTURERS
(INSTRUCTIONS ON REVERSE SIDE)

Please complete this form each month in full and mail to:
TENNESSEE DEPARTMENT OF REVENUE
ANDREW JACKSON STATE OFFICE BULDING
P.O. BOX 190590
NASHVILLE, TN 37219

Reporting Period: Month: _____ Year: _____

Please type or legibly print in blue permanent ink. Please provide the following information with respect to cigarettes (including "roll-your-own" and "little cigars") that were made by a Non-Participating Manufacturer (NPM) and that were sold within this state. Attach legible copies (or samples) of the packaging for each brand sold during the reporting month. The state will not process incomplete, unsigned or illegible reports or reports not submitted on the official form.

Your Business Name and Address: _____   Your Tobacco Wholesale Account No: _____

☐ Check here if you are amending a previously filed report. See instructions for additional requirements.

| COLUMN 1

*No. Cigarettes Sold In TN | COLUMN 2

Ozs. Roll-Your-Own Tobacco Sold In TN | COLUMN 3

No. of Little Cigars Sold in TN | COLUMN 4

Brand Family | COLUMN 5

Non-Participating Manufacturers Name and Address | COLUMN 6

Name and Address of the Person(s) From Whom Each Brand Family Was Purchased | COLUMN 7

Name and Address of the First Importer of Foreign Manufacturered Brand Family |
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*Do not include roll-your-own tobacco or little cigars (that fit within the definition of cigarette under Section 47-31-102(2)(B)) sold in this column.

_____ (Check if appropriate) I am not reporting data at this time because only cigarettes manufactured by Participating Manufacturers were stamped for sale during the reporting month. I am, however, compiling and maintaining this data because the Department may request it at a later date.

I certify under the penalty of perjury that the above-stated information is true and correct. I declare that I am authorized to certify, on behalf of the reporting company named above, that all of the information contained in this form is complete and accurate.

Signature of Company Officer _____   Date: _____

Print Company Officer Name: _____   Phone No: _____ Fax No.: _____

Print Company Officer Title: _____   E-mail address: _____